CAMPAIGN CONTRIBUTIONS	AND FYDENCE	S DEDODT	· · · · · · · · · · · · · · · · · · ·	58	
T 11 2 1 4 1	State Senat	į		te of Nevada	
arne (print)	Office (if applicable)			District (if applicable)	
Box 98 (TodiAn 5P) ailing Address (include city and zip code)	Rings 890	218		252242	
FLWARMAN 80 YAHOO.C	0/11	·	Telephone No.		
	. <u> </u>				
lect Appropriate Box(es) CANDIDATE PAC Annual Filing - Due January	BAG POLP	RTY ☐IND EXP[AMENDED []	ANNUAL FILING	
Period: January 1, 2003 – December 31, 20	03				
		l I		FILED	
Report #1 — Due August 31, 20 cumbents in an Office with a 4-year term — Period:		2004			1
sumbents in an Office with a 6-year term Period:	Jan. 5, 2001 — Aug 26 Dec. 20, 1998 — Aug 2), 2004 26. 2004		AUG 2 4 200	ار
others Period: llot Advocacy Groups (BAGs) only: Period:	Jan. 1, 2004 - Aug. 26,	2004	100	ΛΟΟ <u>ζ</u> τ ζΟΩ ^ο	[‡]
	Dec. 5, 2002 - Aug 26	, 2004	108	8 5	
Report #2 Due — October 26, 20 Period:	0 04 Aug. 27, 2004 Oct. 2	21 2004		TARY OF	ST/
Report #3 Due — January 15, 20		, 200 ,			٦.,
Period:	Oct. 22, 2004 Dec. 3	1, 2004			
Gs only: Period:	Oct. 22, 2004 - Dec. 5,	2004			
Annual Filing - Due January 15,	2005	İ			
Period: January 1, 2004 – December	31 2004	1			
hird Report suffices for 2005 Annual Filin	g if candidate also f	iled Report Nos.	1 and 2		
		į I		Cumulatha	
CONTRIBUTIONS SUMMA	ARY	1		Cumulative From Beginning	
				of Report Period #1 through End	
*.		i	This Period	of This	
				Reporting Period	
1. Total Monetary Contributions Received in I	Excess of \$100	,	1,000		,
2. Total Monetary Contributions Received of	\$100 or Less	i I	2		
4		1 0			
	This Period	Cumulative From Beginning of			
		Report Period #1 Through End of			•
	- 6	This Reporting			•
3. Total Amount of Monetary Contributions		Period	•		
Received (Add Lines 1 and 2)					
Total Value of In Kind Contributions Receive	ed in	1		<u> </u>	
Excess of \$100	_ &				
			-		
		1			
	EXPENSES SUI	MMARY			
5. Total Monetary Expenses Paid in Excess o	f \$100			ļ	
6. Total Monetary Expenses Paid of \$100 or Lo	ess				
7. Total Amount of All Monetary Expenses (Paid	1			
(Add Lines 5 and 6) 8. Total Value of In Kind Expenses in Excess					
of \$100	\mathcal{L}		,		
	4				
	AFFIRMATI	ON			
lare Under Penalty of Perius, That the Face					
lare Under Penalty of Perjury That the Fore	going is True and Co	rrect.			
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re		i	Date		
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		FAC			

CANTRAL
District (# applicable)

Reddie L. WARMAN

Office (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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		Tues.		
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Revised: Jan-04

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Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

	<u> </u>	a to all to or exponses summary		
NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	
			:	
		,		
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Prescribed by Secretary of State NRS 294A 120, 294A 125, 294A 140, 294A 150, 294A 160 294A 200, 294A 210, 294A 220, 294A 362

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FREddie	6	WARMAN
Name (print)		

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
	· _		
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#

FRESSIE L. WARMAN

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	ì
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	К

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^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

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FREdd	ie	WARMAN

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
		i i	
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